

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 28646/42100	
Application Number                      10/581,773-Conf. #7037		Filed                      February 12, 2007	
For     THERAPEUTICALLY USEFUL MOLECULES			
Art Unit              1644		Examiner              Zachary S. Skelding	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65              \$ 130.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245              \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555              \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865              \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175              \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      13-2855      .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number      33,547			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
_____/Li-Hsien Rin-Laures 33,547/_____ Signature		_____/May 4, 2010_____ Date	
_____/Li-Hsien Rin-Laures, M.D._____ Typed or printed name		_____/ (312) 474-6300_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of      1      forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: May 4, 2010	Signature:      /Li-Hsien Rin-Laures 33,547/      (Li-Hsien Rin-Laures, M.D.)